The Industrial Connection Agency

EMPLOYMENT PLACEMENT APPLICATION

Please Print Legibly: Date:_____

_____ _____ _____
First Name Middle Last Name

_____ _____ ____ _____-_____
Present Address No. & Street City State Zip

_____ _____ ____ _____-_____
Permanent Address (if different from present address) No. & Street City State Zip

_____ _____
Email Address Enlistment in any Branch of U.S Military

(___) ____-_____ (___) ____-_____ (___) ____-_____ _____-_____-_____
Home Phone Cell Phone Other Phone Social Security Number

Please Read Carefully, Initial Each Paragraph and Sign Below:

_____
Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____
Initials

I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____
Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

____/____/____ _____
Date Applicant's Signature

Employment Desired

Applying for a specific Company (name) _____ Position _____

Open to any company for the following position(s):

1st Choice _____

2nd Choice _____

3rd Choice _____

Salary Expectation Range _____

Are you currently employed? ☐ Yes ☐ No

Date you can start: _____ Referred by: _____

Please provide skills below that you deem important in placing you and getting you the salary you desire. Example: software, typing speed, operations, management exposure, ownership of craftsman tools etc.

Skills

#1
Description _____

Skill Experience in years (circle)
1 2 3 4 5 6 7 8 9 10

(circle) Beginner Intermediate Expert

Experience/ Education on above skill _____

#2
Description _____

Skill Experience in years (circle)
1 2 3 4 5 6 7 8 9 10

(circle one) Beginner Intermediate Expert

Experience/ Education on above skill _____

#3
Description _____

Skill Experience in years (circle)
1 2 3 4 5 6 7 8 9 10

(circle one) Beginner Intermediate Expert

Experience/ Education on above skill _____

Employment History
List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Company Name of Employer _____ (___) _____ Telephone No.

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State ____ Zip _____-_____

Dates of Employment: From Mo/Year _____ To : Mo/Year _____

Your Position and Duties: _____

Reason for Leaving: _____

May we contact this employer for a reference? ☐ Yes ☐ No If no, why? _____

Name of Employer _____ (___) _____ Telephone No.

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State ____ Zip _____-_____

Dates of Employment: From Mo/Year _____ To : Mo/Year _____

Your Position and Duties: _____

Reason for Leaving: _____

May we contact this employer for a reference? ☐ Yes ☐ No If no, why? _____

Name of Employer _____ (___) _____ Telephone No.

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State ____ Zip _____-_____

Dates of Employment: From Mo/Year _____ To : Mo/Year _____

Your Position and Duties: _____

Reason for Leaving: _____

May we contact this employer for a reference? ☐ Yes ☐ No If no, why? _____

Name of Employer _____ Telephone No. (___) _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State ____ Zip _____-_____

Dates of Employment: From _____ To _____

Your Position and Duties: _____

Reason for Leaving: _____

May we contact this employer for a reference? ☐ Yes ☐ No If no, why? _____

Note: Attach additional page(s) if necessary.

Personal Information

Have you ever applied to or worked for The Industrial Connection Agency Corp before? ..... ☐ Yes ☐ No

If yes, when? _____

Do you have any friends or relatives working for The Industrial Connection Agency Corp?..... ☐ Yes ☐ No

If yes, state name(s) and relationship:

Name _____ Relationship _____ / Name _____ Relationship _____

If hired, would you have a **reliable means of transportation** to and from work? ..... ☐ Yes ☐ No

Are you at least **18 years old**? (If under 18, hire is subject to verification that you are of minimum legal age.) ..... ☐ Yes ☐ No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? ..... ☐ Yes ☐ No

Are you able to perform the **essential functions** of the job for which you are applying, either with or without reasonable accommodation? ..... ☐ Yes ☐ No

If no, describe the functions that cannot be performed.

_____

_____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Education, Training and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School	Name _____	____	☐ Yes ☐ No	_____
	City _____ State _____ Telephone (___) _____			
College/ University	Name _____	____	☐ Yes ☐ No	_____
	City _____ State _____ Telephone (___) _____			
Vocational/ Business	Name _____	____	☐ Yes ☐ No	_____

Please provide 3 references with knowledge of your work performance within the last three years.

#1 _____ _____ _____ (___) _____
First Name | Last Name | No. of Years Acquainted | Telephone No

_____ _____ _____
Relationship | Occupation | Email

#2 _____ _____ _____ (___) _____
First Name | Last Name | No. of Years Acquainted | Telephone No

_____ _____ _____
Relationship | Occupation | Email

#3 _____ _____ _____ (___) _____
First Name | Last Name | No. of Years Acquainted | Telephone No

_____ _____ _____
Relationship | Occupation | Email

Please use below for any additional information that you believe will be helpful to know in placement, including any personal interest, experiences, hobbies, special tools, etc.